

New, Safe and Reliable Method for Endoscopic Gastrostomy Device Replacement

Several types of complication have been reported during attempts at spontaneous passage of percutaneous gastrostomy tubes, gastric and small intestinal obstruction being the most common (1–5). Endoscopic removal of the anchored part of the gastrostomy tube, which is the most common method used, is not free of potential problems such as slipping of the snare from the anchored part, mucosal laceration or airway obstruction. We have developed a simple method for the removal of gastrostomy tubes not removable by traction.

This guarantees complete security of the anchored part, eliminates mucosal laceration and facilitates mucosal passage of the internal bumper through the diaphragmatic pinch, and upper esophageal sphincter due to the strict axial position of the removable unit just behind the leading endoscope. It also obviates the need for a second endoscopy. The first step of the procedure is to cut a lateral hole in the gastrostomy tube about 1 cm above the skin. (Figure 1). The second step is insertion of a closed snare into the gastrostomy tube and advancement

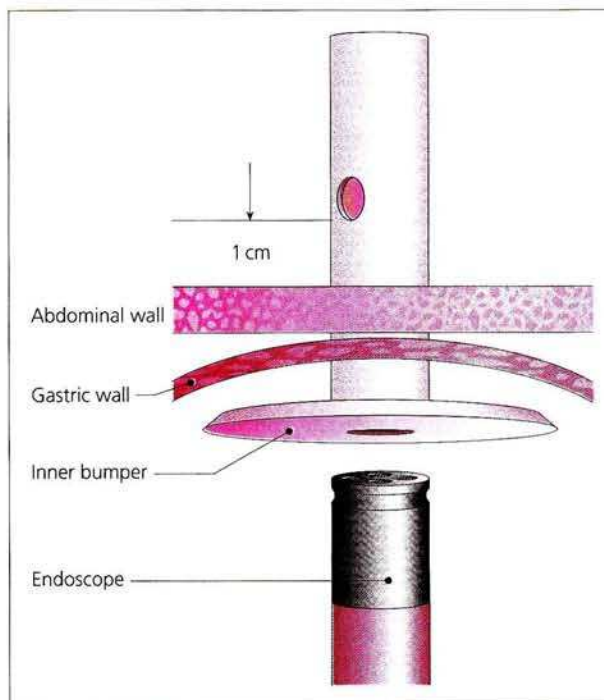


Figure 1: The first step of the procedure is to cut a lateral hole in the gastrostomy tube.

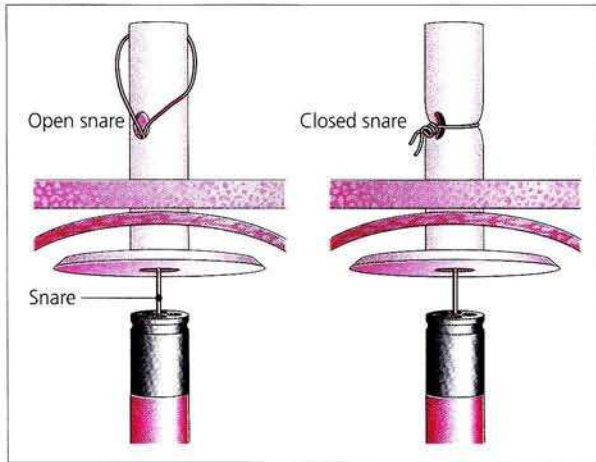


Figure 2: The second step is to snare the gastrostomy tube.

of this through the prepared lateral orifice. The next is to open the snare, pass the gastrostomy tube through it and close the snare tightly (Figure 2). The gastrostomy tube is then cut off just above the snared region. The new lubricated gastrostomy tube or button is gently pushed up against the remnant of the old one while the snare with the internal bumper is simultaneously pulled back into the stomach. Because the internal bumper pushes the snare out of the endoscopic field of view, the position and proper security of the new gastrostomy tube or button is seen clearly immediately after the replacement procedure. If the internal cross-bar somehow obscures the

view of the anchoring balloon it can be advanced a few centimeters. After the proper position of the replacement device is established the snare, with the attached internal bumper, is pulled back to the end of the endoscope. The snare is kept in the same position around the endoscopist's left thumb. The final step is withdrawal of the endoscope, with the snare and attached internal cross-bar.

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